

A "BRUIT DE DIABLE" IN THE ABDOMINAL VENA CAVA.

VERSTRAETEN (*Centralblatt für innere Medizin*, 1894, No. 32, p. 737) points out that in certain cases of anemia a well-defined venous hum is to be heard in the epigastrium in an area of from 1 to 2 sq. cm., just below the margin of the liver from $\frac{1}{2}$ to 1 cm. to the right of the median line. The sound is a continuous blowing one of varying intensity, sometimes musical and wavy and materially influenced by the respiratory and cardiac movements. It has not been found in very young anæmic children nor in the emaciated beyond sixty years of age. It is best developed in nervous, anæmic, emaciated adults, especially women, and in the course of chronic disease of the stomach, dyspepsias, diarrhœas, and pulmonary tuberculosis. It has not been found in cases of cirrhosis of the liver. The stethoscope is necessary to elicit the phenomenon, and this is facilitated by gentle pressure. Like the venous hum in the neck, the sound is very variable; it is inconstant, and disappears and reappears without obvious cause. When present it can be suppressed by compression of the vena cava at the umbilicus. The abdominal bruit is often associated with a hum in the neck; but there is no constant relation between the two, either in intensity or coincidence. Its production and its intensity seem to be favored by excitement, inducing increased cardiac and circulatory activity. The sound may be heard both in the sitting and the semi-recumbent posture, as well as the horizontal position. It is almost always continuous and attended with systolic, or, more accurately, presystolic accentuations, occurring synchronously not with the ventricular systole but with the aricular diastole. The sound is influenced by the respiratory act, being intensified shortly after inspiration. Compression of the ascending vena cava to a degree that does not suppress the murmur causes a heightening of the pitch, the exacerbations only persisting as a whistling intermittent murmur. Tactile fremitus was not observed in connection with the abdominal "bruit de diable."

FATAL HEMORRHAGE FROM AN ANEURISM OF THE HEPATIC ARTERY
IN A CASE OF GALL-STONES.

M. B. SCHMIDT (*Deutsches Archiv für klin. Med.*, Band lii., Heft 5 u. 6, p. 536) reports the results of post-mortem examination in a case of A. Cahn's. The patient was a woman, aged forty years, who had for some time suffered with symptoms of gall-stones. Five weeks before death there was a moderate hemorrhage from the bowel with slight hemoptysis; a few days later more profuse bleeding, and the development of slight icterus. Bright-red blood was passed with stool, and three weeks before death another profuse hemorrhage was noted. A fourth severe hemorrhage was quickly followed by death. The intestinal canal was filled with fluid and clotted blood. No change in the mucous membrane was found from jejunum to rectum. Extensive peritoneal adhesions involved the duodenum, colon and gall-bladder. In the new tissue small abscesses were found, which did not, however, open into the gall-bladder. The blood appeared to have entered the intestine through three large perforations involving the attached portions of duodenum and gall-bladder. The largest, 1.5 cm. in diameter, began 2 cm. below

the pylorus; the second, irregular in shape, was 1.5 cm. lower; the third and smallest, about the same distance below the second; the first penetrated the apex, the last involved the base of the gall-bladder. Upon each of the three openings lay a gall-stone, and from the neighborhood of the stones upon light pressure blood flowed into the intestine from the gall-bladder, as likewise from the ductus choledochus, through the papilla, which lay about 2 cm. below the third perforation. Near the three stones a blood-filled ovoid sac, about 6 cm. long and 3 cm. in greatest diameter, overlay the gall-bladder, into which it opened by a perforation near the apex, in relation with an abnormal communication between the gall-bladder and the hepatic duct near the division of the latter; and here the lumen of the sac was continuous with that of a ring-shaped body, which blocked and dilated the hepatic duct, and overlay the abnormal opening described. At this place a circular opening 3 to 4 cm. in diameter was covered by a valve-like projection or ruffling of the mucous membrane; and this opening led directly into the right branch of the hepatic artery.

In the neighborhood of the projecting valve the lining membrane of the duct was roughened, and showed a number of small superficial ulcers. About 1 cm. nearer the duodenum two larger ulcers were found. The hepatic duct was much distended near the site of the perforation, but narrowed further on, and again widened, together with the common duct, near the duodenum. Above the aneurism the bile-ducts were but slightly dilated. The lumen of the hepatic artery was free from obstruction; the edges of the opening were smooth, while the arterial wall projected as the inner lining of the circular ruffle-like valve in the lumen of the hepatic duct. There was no arteriosclerosis. Microscopic examination showed nothing of arterial wall or other organized tissue either in the basal ring-shaped portion of the false aneurism or in the ovoid sac.

Schmidt finds records of but five cases of hepatic aneurism in which rupture and hemorrhage took place through the bile-ducts.

SURGERY.

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ILEO-COLOSTOMY.

AN interesting case of ileo-colostomy by means of Senn's method of lateral anastomosis modified by the use of prepared vegetable plates, is reported by V. BARACZ (*Centralbl. für Chir.*, July 7, 1894). The resected